

APPLICATION DATA SHEET (ADS)

Application Information

Application Number::	
Filing Date::	
Application Type::	Divisional
Subject Matter::	Utility
Suggested Classification::	514/054000
Suggested Group Art Unit::	1623
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	DELIVERY OF A THERAPEUTIC AGENT IN A FORMULATION FOR REDUCED TOXICITY
Attorney Docket Number::	13192-116DIV
Request for Early Publication?::	YES
Request for Non-Publication?::	No
Suggested Drawing Figure::	0
Total Drawing Sheets::	0
Small Entity::	Yes
Latin Name::	
Variety denomination name::	
Petition included?::	Yes
Petition Type::	
Licensed US Govt. Agency::	0
Contract or Grant Numbers::	None
Secrecy Order in Parent Appl.?::	None

Inventor Information

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US

Status::	Use one of the following: Full Capacity
Given Name::	Anatole
Middle Name::	
Family Name::	Klyosov
Name Suffix::	
City of Residence::	Newton
State or Prov. of Residence::	MA
Country of Residence::	USA
Street::	36 Walsh Road
City::	Newton
State or Province::	MA
Country::	USA
Postal or Zip Code::	02459

Inventor Information

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	
Family Name::	Platt
Name Suffix::	
City of Residence::	Newton
State or Prov. of Residence::	MA
Country of Residence::	USA
Street::	12 Appleton Circle
City::	Newton
State or Province::	MA
Country::	USA
Postal or Zip Code::	02459

Correspondence Information

Correspondence Customer Number::	26486
Name::	Stephen J. Gaudet

Street::	Perkins, Smith & Cohen
City::	One Beacon Street
Country::	Boston
Postal or Zip Code::	MA
Phone number::	02108
Fax number::	617-854-4000
E-mail address::	617-854-4040
	sgaudet@pscboston.com

Representative Information

Representative Customer Number::	26486	
Representative Designation::	Registration Number::	Representative Name::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
		09/818,596	03/27/2001

[NOTE: Use a new line for each priority claimed.]

Foreign Priority Information

Country::	Application Number::	Filing Date::

[NOTE: See Appendix B for specific instructions on the correct numbering, by country, of Foreign patent applications.]

Assignee Information

[Assignee Information should be provided on the Application Data Sheet only for the purpose of indicating what should be printed on the Published application. The address information is optional.]

Assignee Name::	Pro-Pharmaceuticals, Inc.
Street::	189 Wells Avenue, Suite 200
City::	Newton
State or Province::	MA
Country::	USA
Postal or Zip code::	02459

[NOTE: If there is more than one assignee, this information should be repeated for each one.]